

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(Type of Finit Glearly)					
PART I LOBBYIST					
NAME (Last)	(First)	(Middle)	TELEPHONE		
Hornfeck	Lane	Christine	(808) 537–6100		
MAILING ADDRESS (Street)			FAX		
733 Bishop Street	(808) 537-5434				
(City)	(State)		(Zip Code)		
Honolulu	Hawaii		96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
Starn O'Toole Marcus & Fisher			(808) 537–6100		
MAILING ADDRESS (Street)			FAX		
733 Bishop Street, Suite 1900, Makai Tower			(808) 537–5434		
(City)	(State)		(Zip Code)		
Honolulu	Hawaii		96813		

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOB	TELEPHONE			
Kuilima Resort Company				
MAILING ADDRESS (Street)	FAX			
c/o Oak Tree Capital, 333 South Grand, 28th Floor				
(City)	(State)	(Zip Code)		
Los Angeles	California	90071		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE		
Mark Oei		(213) 830–6322		
MAILING ADDRESS (Street)		FAX		
Same as above		(213) 830–6392		
(City)	(State)	(Zip Code)		
(City)	(State)	(Zip Code)		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
(x) Agriculture	Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections				
PART IV CERTIFICATION	ON OF LOBBYIST					
I hereby certify that th	e information furnished abov	e is, to the best of my knowle	dge, correct and complete.			
Van Hande	l e	_				
			bruary 3, 2007			
	(Signature of Lobbyist)		(Date)			
	ION TO LODDY					
PART V AUTHORIZATI	ION TO LOBBY	TITLE OF AUTHORIZING OFFICE	ED OD DEDOON DEDDESENTED			
		TITLE OF AUTHORIZING OFFICE	ER OR PERSON REPRESENTED			
Mark Oei						
NAME OF ORGANIZATION (if a	applicable)		TELEPHONE			
Oak Tree Capital			(213) 830–6322			
MAILING ADDRESS (Street)			FAX			
333 South Grand,	28th Floor		(213) 830–6392			
(City)	(State)		(Zip Code)			
Los Angeles	California	1	90071			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						

(Signature of Authorizing Officer or Person Represented)

(Date)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
(x) Agriculture	Education	☐ Human Services	Science, Technology & Economic Development	
C Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation	
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)	
© Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections		
PART IV CERTIFICATION	N OF LOBBYIST			
I hereby certify that the	information furnished above	e is, to the best of my knowled	ge, correct and complete.	
	(Signature of Lobbyist)		(Date)	
DARTY AUTHORITATIO	W.T.O. L. O.D.O.V.			
PART V AUTHORIZATION	IN TO FORRA	TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED	
Mark Oei			SIN ENGONAL MEDERIED	
NAME OF ORGANIZATION (if applicable)			TELEPHONE	
Oak Tree Capital		•	(213) 830-6322	
MAILING ADDRESS (Street)			FAX	
333 South Grand, 28th Floor			(213) 830–6392	
(City)	(State)	(Zip Code)	
Los Angeles	California		90071	
Make	Li-	gage in lobbying activities on t	pehalf of the undersigned. FEB 9 2007	
(Signature of Authorizing Officer or Person Represented)		ented)	(Date)	